

Sign Out Edit View Format Reports Chat/Help

ICANotes Behavioral Health EHR

Chart Room Chart Face Back <- prev next > Show Notes in List

SOS
610 N. Silver St
Silver City, NM 88061

575-956-6131
575-956-6947

Medicaid ID: YIF915103969

Armendariz Barela, Eva

ID: 1000010729151 DOB: 6/19/1972

Case Management Note (SOS)

Use Note Creation Time
Clear Time
Set Date/Time
7/27/2023
6:43 PM

Service Location

Audit Log

Copy contents of the text only into the clipboard
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Print
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History of Risk Factors:
 *History of Abuse:
 Physical abuse
 *History of Alcohol or Substance Abuse

Current Risk Factors:
 *Absent or Weak Support System:
 *Experiencing Severe Anxiety or Panic
 *Severe Financial Difficulty
 *Feelings of Hopelessness, Worthlessness, or Guilt are Present:
 Affect Flat or Blunted
 *Rapid Shifts in Mood are Occurring

Suicide Risk Assessment:
 Eva denies suicidal ideas or intentions.

Suicide Risk:
 Based on the absence of risk factors, Eva's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

Violence Risk:
 Based on the risk factors reviewed, Eva's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

Access to Lethal Means:
 Access to lethal means was discussed with Eva. She denies having access to lethal means at this time.

1 Unit for H0038 Peer Support - UH

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 4:30 PM
 Session end: 4:45 PM

T.Y

Ryan Dingess, CSW

Electronically Signed
By Ryan Dingess, CSW

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spell check find

(Please click in the field and scroll down to see the full text of note.)

Capture Signature
 #1 Signed By: _____

Capture Signature
 #2 Signed By: _____

Capture Signature
 #3 Signed By: _____